



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Jah Inman Date of Request: 11-03-04
ID # 254821 Date of Birth: [REDACTED] Location: C-3 B-108
Nature of problem or request: I WAS ON THE BUS THAT
CRASHED MY STRINGS NEEDS TO BE TAKEN OUT AND
MY NECK IS HURTING BAD. I WANT TO SEE DOCTOR


Signature

DO NOT WRITE BELOW THIS LINE

Date: 11.4.04
Time: 5:40 AM PM
Allergies: NICK


RECEIVED
Date: 11/3/04
Time: 10:15 pm
Receiving Nurse Initials: J2

(S)ubjective:

(S)ubjective: I have some stitches that need to be removed
I would like to have some more ~~stitch~~ x-rays to back
I would like increase on pain meds.

(O)bjective

(V/S): T:

P: 

R: 18

BP:

WT:

(A)ssessment:

(O)bjective (V/S): T: 98.1 P: 80 R: 18 BP: 88/57 WT: 150
 2nd digit swollen 4 sutures noted, 1m involved
 wa of accident as pain upper middle back. Swelling
 from old pedicle off pending head forward.
 (A)ssessment: After comfort. Currently on Naproxen 375
 + Flexeril 10mg
 (P)lan: H/P to Review

(P)lan:

HP to Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Genie, PO
SIGNATURE AND TITLE

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Inman Date of Request: 10-29-04
 ID # 254821 Date of Birth: [REDACTED] Location: 3-108
 Nature of problem or request: I need to go back to Doctor I
Don't have any pain Meds. Im in sever pain
From the bus wreck. I need more meds

John Inman
Signature

DO NOT WRITE BELOW THIS LINE

Date: 10/29/04
 Time: 525 AM PM
 Allergies: NKA

RECEIVED
Date: <u>10/29/04</u>
Time: <u>10:00 pm</u>
Receiving Nurse Initials <u>12</u>

(S)ubjective: on this I was in a car accident my finger is hurting
 the doctor at the hospital recommended surgery
 My neck is hurting in between shoulder blades
 real bad

(O)bjective (V/S): T: 98.2 P: 2078 R: 20 BP: 110/78 WT: 1800
 No of pain when twisting neck to right and left in mate
 able to Ben down a waste with out pain & signs of acute
 Distress finger on left hand wrapped in ace wrap / o up on

(A)ssessment: Pain when touch movement noted to finger
 Motivation in comfort

(P)lan: Mcp Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]

SIGNATURE AND TITLE

[Signature]
11-1-07

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Iman Date of Request: 10-27-04
 ID # 238421 Date of Birth: [REDACTED] Location: 3-108
 Nature of problem or request: I have Prolapsed Hemorrhoids and
They have flared up, I'm in sever pain I need
some help

John Iman
Signature

DO NOT WRITE BELOW THIS LINE

Date: 10/28/04
 Time: 5:30 AM PM
 Allergies: NKDA

RECEIVED
Date: <u>10/27/04</u>
Time: <u>11:30 pm</u>
Receiving Nurse Initials: <u>AL</u>

(S)ubjective: My hemorrhoids are acting up. x/week of extreme
pain + I have a fungus on groin area

(O)bjective (V/S): T: 98.1 P: 80 R: 18 BP: 130/80 WT: 160
Anal area slightly red. ^{white} bumps noted around.
Red rash noted around pubic area.

(A)ssessment: Alt in comfort

(P)lan: HCP to Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

[Signature]
10-28-04

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Inman Date of Request: 7-25-04
 ID # 234821 Date of Birth: [REDACTED] Location: C-3 Bed 96
 Nature of problem or request: I HAVE A BAD SKIN FUNGUS ALSO need
to someone ABOUT MY MEDS.

John Inman
Signature

DO NOT WRITE BELOW THIS LINE

Date: 7/27/04
 Time: 6:30 AM PM
 Allergies: DKOA

<p>RECEIVED</p> <p>Date: <u>7-26-04</u></p> <p>Time: <u>9:20</u> P</p> <p>Receiving Nurse Initials <u>A7</u></p>
--

(S)ubjective: ATX 4 Disk Rushed about a year ago in
Lower Back

(O)bjective (V/S): T: 98 P: 70 R: 18 BP: 90/70 WT:
ATX 3 to ambulate 2 Post Body Jaws, Small Back Flat
to Bed to 2 trunk of Body No acute distress

(A)ssessment:

allergic to cream
Hydrocortisone cream does not work
XX Liver Problems and soles take tylenol

(P)lan: aproxyn medication Request
Request Valley in X one day

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No (☒)
 Was MD/PA on call notified: Yes () No (☒)

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAIN COPY AFTER NURSE INITIALS RI IPT

Print Name: John Inman Date of Request: 7-13-09
ID # 234821 Date of Birth: [REDACTED] Location: 3 Cell Bed 96
Nature of problem or request: Having problems with meds,

Deck
Call

no show

GLF-1002 (1/4)



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Inman Date of Request: 6-16-04
 ID # 234821 Date of Birth: [REDACTED] Location: 3 CELL B-37
 Nature of problem or request: Bad Cold & Back & Neck Pain Need
A Bottom Bunk Profile,
Skin Fungus

John Inman
Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/17/04
 Time: 6:30 AM PM
 Allergies: NRDA

<p>RECEIVED Date: <u>6/16/04</u> Time: <u>9:00</u> PM Receiving Nurse Initials <u>JJ</u></p>

Sick call

(S)ubjective: Bad Cold / knee Pain. Request Bottom
Bunk Profile Rash to Back (Gonorrhea)

(O)bjective (V/S): T: 97.5 P: 78 R: 18 BP: 118/70 WT: 179
At 0x3. Ankle sclerotic. Small flat bump Red to
torso. Congested stool passed. Urinary discharge noted

(A)ssessment:
all test were normal

(P)lan: CXR
MD Review Regarding Bottom Bunk Profile
Hell with Social time signing up sick

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☒

Was MD/PA on call notified: Yes ☐ No ☒

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Inman John Date of Request: 6-30-04
 ID # 234821 Date of Birth: [REDACTED] Location: M 84
 Nature of problem or request: My back pain as increased
need some help

John Inman
Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/4/04
 Time: 7:10 AM PM
 Allergies: NKA

RECEIVED Date: <u>6-4-04</u> Time: <u>7:10A</u> Receiving Nurse Initials <u>st</u>

(S)ubjective: Backpain - Ruptured disc in back 1 yr ago.
 (2) Record review? Hep C

(O)bjective (V/S): T: 97.9 P: 80 R: 20 BP: 100/80 WT: 185
A+O x3. Resp. neg. ease. VS WNL NAD

(A)ssessment: Alt. in comfort R/T above

(P)lan: See CRNP

Refer to: MD/PA Mental Health Dental Daily Treatment
 CIRCLE ONE

Return to Clinic PRN

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

JR, MD
6/4/04

Dr. [Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



RELEASE OF RESPONSIBILITY

Inmate's Name: Inman, John

Date of Birth: [REDACTED] Social Security No.: _____

Date: 6-3-04 Time: 6:30 A.M.
P.M.

This is to certify that I, John Inman, currently in
(Print Inmate's Name)

custody at the Kilby, am refusing to
(Print Facility's Name)

accept the following treatment/recommendations: Sickcall because It's too
(Specify in Detail)

long wait

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare

[Signature]
(Signature of Inmate)**

[Signature]
(Signature of Medical Person)

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: John Inman Date of Request: 6-2-04
 ID # 234821 Date of Birth: [REDACTED] Location: M84
 Nature of problem or request: Severe Lower problem
need to be soon.

Thank you
John Inman
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective:

(O)bjective (V/S): T: 96³ P: 96 R: 22 BP: 110/60 WT: 187

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



RELEASE OF RESPONSIBILITY

Inmate's Name: Inman, John

Date of Birth: [REDACTED] Social Security No: _____

Date: 6-1-04 Time: 6 AM P.M.

This is to certify that I, John Inman, currently in
(Print Inmate's Name)

custody at the KILBY, am refusing to
(Print Facility's Name)

accept the following treatment/recommendations: SICKCALL because I
(Specify in Detail)

feel better.

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

[Signature]
(Signature of Inmate)**

[Signature]
(Signature of Medical Person)

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: John Inman Date of Request: 5-28-04
ID # 234821 Date of Birth: [REDACTED] Location: East Port
Nature of problem or request: Very bad skin fungus also
my back are hurting badly
also
thoracic disc
also
my back are hurting badly
John Inman
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: <u> </u>
Time: <u> </u>
Receiving Nurse Initials <u> </u>

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Date/Time

Inmate's Name:

D.O.B.:

/ /

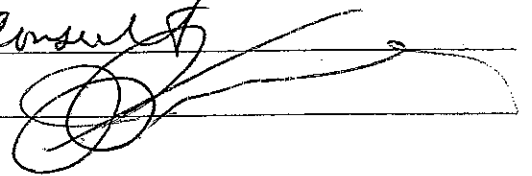
Pinch to nose - ? good points Behind

Neck - unable to flex chin onto chest

- Unable to turn neck & head to the right

A/f Neck pain in L ROM

- Ortho consult



8/1/05

2004 Pre: flu neck pain

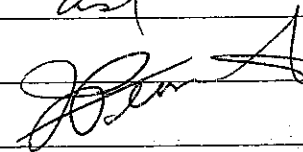
⑤ Rt in Neck in L ROM 2nd to para
in 12/05

Previous exams suggest L ROM of neck

A/f. I will proceed to Ortho consult

after discussion in DCO and

@ Dr. Momen





PRISON
HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
	Elman, John	[REDACTED]
1/10/05 8 ³⁵ _A	Go see M.D. for Flu. ————	Plh
	wt 179 T-97° P-78 R-20 r2sat 96% B/p 112/78	
	S-my neck is not any worse, but not better	
	Rebs not drawn;	
	O- XRay needs focus on C-7; Exam unchanged	
	A/P- XRay, labs done now, Flu 1w/4	Shantun
1/15/05 12 ²⁰ _P	Go HCP re: Discuss lipids. Signed Release of Responsibility	
	for Hep C + lipids discussion ————	J. Hyon
1/25/05 12 ³⁰ _P	Stated he wants to be reschedule will see	
	MD for Hep C + lipids ————	J. Hyon
2/7/05 11 ⁴⁰ _A	Go HCP re Hep C + lipids wt 170 102/74 T-97°	
	P-76 R-18 See cc notes	Shantun



PROGRESS NOTES

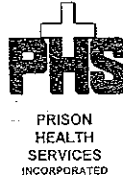
Date/Time	Inmate's Name:	D.O.B.:
	Inman John 234821	1 1
12/28/04	2000 Placed in Mod for FWA in Am Bp 100/70 pulse 72 - Resp 20 - temp 98.5 ——— Smellum JFW Return from Dr. Chung's office note renewed. QADx3 MP. Return to camp HCU visit made to eval cont neck pain LMCun	
1/3/05	20 HCU re: f/u neck pain w/183 T-97° Bp 122/88 9:22 P-76 R-18 O ₂ sat 95% ——— J. Hays	
	Hx mva bus @ prison - C7 wedging on x-ray No Rx. F/u Neck Pain. No discomfort Sharp burning pain @ Post Neck between shoulder. Denies progression. Pain is intermittent. Was work release in Guts pec inmate. Sx duration varies. Exam: unremarkable A: Neck /upper back pain out of 10/10 P: Re order neck, left x-rays used for f/u tak 2/20 No heavy lifting or strenuous work	
	J. Hays	



PRISON
HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
	Inman, John	[REDACTED]
6/14/04	Rec'd DCC/SHCU, Vol. 1 of 1, w/ mds 3 Mars-Johnard	
7/14/04	no show	
11/5/04	To see HCP: rev finger	
Wgt 185	B/P 110/80 T 98.4 P 77 R-18 D2 Sat 97	
	s- my finger hurts & so does my neck. Can I see the free world doc for my neck?	
	O- (L) 4th finger, 2nd, & sutures intact, edematous, bruising noted. ↓ Rom. Xrays show txf fx - ortho consult pending. Neck ↓ from 2nd to stiffness & pain. PWT tenderness, spinal ana. ^{lower} cervical region.	
	A/P- Will do Xrays, cont therapy. Instructed to ↑ Rom; use of neck & shoulders. Cont splint till ortho consult. Sutures removed & diff. aly. incision & well approximated edges no drainage; no S/S of infection	
11-14-04	To Mod for FWA on 11-15-04. T 98.2 P 86 2323 R 18 BP 112/64 O2 Sat 95 Wt. 185	
11/15/04	Return from FWA	
Wt 185	Bp 90/60 T 97.9 P 82 R 18 O2 97	



PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
10/28/04 9:25pm	Inman, John	[REDACTED]
10/28/04 2:00	Rec. DCC/SHCU VOL I & I & mds — A/B — Returned from ER A/Ox3 placed in room B/p 128/78 temp 97.9 — pulse 80 — Resp 20 — Amulicup	
10/29/04 3A	Lying in bed. Resp c ease; skin w/o to touch. Sutures to 2nd digit on left hand intact. No c/o pain or discomfort voiced — c/s	
10/29/04 WT 185	B/p — 106/70 97.6 — 76 — 20 Sat 97 Return from ER last PM 2 ^o to DOC Bus MVA (L) 2nd digit c sutures + Tendon damage per pt. Shoulder is sore. Dressing in place 2nd finger O. A/Ox3 NP. See orders D. M. Blum	
	Consider referral for finger edema & sutures out	

DEPARTMENT OF CORRECTIONS
TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record Institution: _____ Date: _____ Time: _____ AM/PM RECEIVED FROM: Institution/Work Release Center/Free-World Hospital	RELEASED: Inmate/Health Record Institution: <u>KCF</u> Date: <u>6/12/04</u> Time: <u>1530</u> AM/PM RELEASE FROM: <input type="checkbox"/> Infirmary <input type="checkbox"/> Segregation <input type="checkbox"/> Population <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____ RELEASE TO: <input type="checkbox"/> DOC <input type="checkbox"/> Infirmary <input type="checkbox"/> Mental Health <input type="checkbox"/> _____ Institution/Work Release Center/Free-World Hospital	ALLERGIES: <u>NKA</u> PHYSICAL EXAMINATION Date of last exam: <u>5/24/04</u> Chest X-Ray Date: _____ Result: _____ PPD Reading <u>5/27/04 0mm</u> Classification: _____ Limitations: _____
RECEIVING MEDICAL STATUS <input type="checkbox"/> Population <input type="checkbox"/> Infirmary <input type="checkbox"/> Isolation		

LAB RESULTS - - LAST REPORT Date: <u>5/25/04</u> CBC <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Urinalysis <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	YES NO Wears Glasses/Contacts <input checked="" type="checkbox"/> <input type="checkbox"/> Dental Prosthesis <input type="checkbox"/> <input checked="" type="checkbox"/> Hearing Aide <input type="checkbox"/> <input checked="" type="checkbox"/> Other Prosthesis <input type="checkbox"/> <input checked="" type="checkbox"/> Receiving Nurse
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CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

Bipolar disorder

CURRENT MEDICATION - - DOSAGE AND FREQUENCY

Doxepin 150mg p.o. q hs x 90d
Lithium 300mg p.o. bid x 90d
Mellaril 50mg p.o. q AM + 50mg p.o. q hs x 90d.

MEDICATIONS	<input type="checkbox"/> Sent w / inmate	<input type="checkbox"/> Not sent w / inmate
X-RAY FILM	<input type="checkbox"/> Sent w / inmate	<input type="checkbox"/> Not sent w / inmate
HEALTH RECORD	<input checked="" type="checkbox"/> Sent w / inmate	<input type="checkbox"/> Not sent w / inmate

Released to: _____

Date: _____ Time: _____ AM/PM

MEDICATIONS	<input type="checkbox"/> Received	<input checked="" type="checkbox"/> Not Received
X-RAY FILM	<input type="checkbox"/> Received	<input checked="" type="checkbox"/> Not Received
HEALTH RECORD	<input checked="" type="checkbox"/> Received	<input type="checkbox"/> Not Received
CHART REVIEWED	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Received by: [Signature]
Signature of Receiving NurseDate: 6/15/04 Time: 11 ³⁰ AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: _____ LAST CLINIC: _____

FOLLOW-UP CARE NEEDED	Date	Time	With Whom - - Location (Sending Nurse)	Date/Appt Made w/Whom (Rec. Nurse)
<input type="checkbox"/> Medical <input type="checkbox"/> Dental	_____	_____	_____	_____
<input type="checkbox"/> Mental Health	_____	_____	_____	_____

NURSING ASSESSMENT (SENDING NURSE)
(Noted from health record documentation)

	Yes	No
HISTORY		
Drug Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Suicide Attempt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chronic Care	<input type="checkbox"/>	<input type="checkbox"/>

STATUS		
Special Diet	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>

OTHER PERTINENT NURSING ASSESSMENT

NURSING ASSESSMENT (RECEIVING NURSE)
(Noted from inmate assessment)

	Yes	No
SKIN		
Open Sores	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Edema	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Warm & Dry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cool & Moist	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONDITION		
Alert	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oriented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uncooperative	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Depressed	<input type="checkbox"/>	<input checked="" type="checkbox"/>

INTAKE

Sick Call Procedures Explained	<u>Yes</u>
Height	<u>5'11"</u>
Weight	<u>174 lbs</u>
Blood Pressure	<u>130/74</u>
Temperature	<u>97.8</u>
Pulse Resp	<u>76/16</u>
Other	_____

Signature of Nurse Completing Assessment (Sending Nurse)
[Signature]Date: 6/12/04Signature of Intake Screening Nurse (Receiving Nurse)
[Signature]Date: 6/15/04

INMATE NAME (LAST FIRST, MIDDLE) <u>Tracy John D</u>	DOC# <u>3482</u>	DOB <u>[Redacted]</u>	Race/Sex <u>W</u>	FAC <u>11/6</u>
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**NAPHCARE
MEDICAL TRANSFER SUMMARY
JAILS**

(If sent without Medical Record, seal in an envelope and mark "Confidential Medical Information")

Inmate Name <u>Inman, John</u>		Number <u>[REDACTED]</u>
Age <u>[REDACTED]</u>	DOB <u>[REDACTED]</u>	Race <u>W</u> Sex <u>M</u> Allergies <u>NKA</u>

Current Acute Medical Conditions: _____

Chronic Conditions: Anti-Social

MEDICATIONS Inmate is currently taking (include over-the-counter medications)

DRUG NAME	DOSE/TIME/LAST DOSE	DRUG NAME	DOSE/TIME/LAST DOSE
<u>Flexal 10mg</u>			
<u>Motrin</u>			

Follow-up Care Needed: Mental Health

Pending Referral(s) and Dates: NONE

Physical Disabilities/Limitations: NONE

Assistive Devices/Prosthetics: NONE Glasses: _____ Contacts: _____

Dietary Restrictions: NONE

Mental Health History:

Substance Abuser: Alcohol X Drugs X Hx Suicide Attempt: _____ Date: _____

Previous Hospitalization Date: _____

Hx Psychotropic Meds: See attached sheet

Date of Last Physical: 4-28-04 Food Handler Approval: Yes X No

Date & Result Last PPD: 11-17-03 Rx Completed: _____

Date & Result Last Chest X-ray: _____ Date & Result Last EKG: _____

Date Last Dental: _____

[Signature]
Signature & Title

COLBERT COUNTY JAIL
Transferring Facility

5-24-04
Review Date

256-314-5811
Phone

MEDICATION ADMINISTRATION RECORD

06/01/2005

STD01

(FLY-453) FRANK LEE YOUTH CENTER

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
PIROXICAM (FELDENE) 20MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY #KEEP ON PERSON#		6A																													
RX: 7381897 MCARTHUR, P A , DONALD , PA START - 05/11/2005 STOP - 07/09/2005																															
IBUPROFEN (MOTRIN) 600MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY #KEEP ON PERSON#		6A																													
RX: 7419677 LASSITER, M.P., LISA , NP START - 05/18/2005 STOP - 06/16/2005		6P																													
<i>MOTRIN 600mg po BID X 30 days 6/23/05 - 7/23/05 Kop</i>		6A																													
		6P																													

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE									
CHARTING FOR		06/01/2005		THROUGH		06/30/2005			
Physician		LASSITER, H.P., LISA				Telephone No.		Medical Record No.	
Alt. Physician						Alt. Telephone			
Allergies		NO KNOWN DRUG ALLERGY				Rehabilitative Potential			
Diagnosis									
Medicaid Number		Medicare Number		Complete Entry Checked					
PATIENT		By		Date		Title		Date	
THAN, JOHN		[Signature]		5-22		RN		5-22	
PATIENT CODE		ROOM NO		BED		FACILITY			
234821		1							

[illegible]

MEDICATIONS			HOUR																													
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
CHARTING FOR <u>5/1/05</u>			NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																													
Physician <u>Williams</u>			THROUGH <u>5/31/05</u>																				Telephone No.					Medical Record No.				
Alt. Physician <u>McArthur CRNP</u>																				Alt. Telephone					<u>23482</u>							
Allergies <u>NK</u>																				Rehabilitative Potential												
Diagnosis																																
Medicaid Number			Medicare Number			Complete Entries Checked																										
PATIENT <u>FARMAN JOHN</u>			By <u>[Signature]</u>			Title <u>[Signature]</u>			PATIENT CODE					ROOM NO.					Date <u>5/1/05</u>													
																			BIO													

MEDICATIONS

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

THROUGH 4-31-05

Telephone No.

Medical Record No

Alt. Telephone

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

515

Title

INDEX

PATIENT CODE

ROOM NO.

BED	FACILITY
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5

STD01

(FLY-435) FRANK LEE YOUTH CENTER

MEDICATION ADMINISTRATION RECORD

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
PROPRANOLOL (INDERAL) 20MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY *KEEP ON PERSON* RX: 6932632 WILLIAMS, M.D., MINERED, MD START - 02/15/2005 STOP - 03/07/2005																																
Entex PSE + PO BID x 5 days 6P Start 3-16-05 End 3-21-05 Amoxicillin 250mg PO BID x 10 days 6P Start 3-16-05 End 3-26-05																																
						</																										

MEDICATIONS

HOUR

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR

03/01/2005

Physician

WILLIAMS, M. D., WINFRED

Alt. Physician

Telephone No. _____

Medical Record No

Alt. Telephone

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

PATIENT

TRAN. 1988

PATIENT COPY

BOOM NO.

Date: _____

FRONT

2000

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MEDICATION ADMINISTRATION RECORD

02/01/2005

(FLY-455) FRANK LEE YOUTH CENTER

STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
PIROXICAM (FELDENE) 10MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY FOR 30 DAYS RX: 6793529 LASSITER, N.P., LISA, NP START - 01/13/2005 STOP - 02/11/2005	6pm																													
Inderal 2mg 1/1000 X30 DAYS 20mg	6am																													
2-7-05 — 3-7-05 wop																														
PROPRANOLOL (INDERAL) 20MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY SHEEP ON PERSONA																														
INMAN, JOHN	234821																													

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																															
CHARTING FOR 02/01/2005																THROUGH 02/28/2005															
Physician LASSITER, N.P., LISA																Telephone No.															
Alt Physician																Alt. Telephone															
Medical Record No.																															
Diagnosis																															
Medicaid Number																Medicare Number															
Complete By: [Signature]																Checked: [Signature]															
PATIENT INMAN, JOHN																PATIENT CODE 234821															
ROOM NO 1																BED FACILITY															

MEDICATION ADMINISTRATION RECORD

STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
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Motrin 600 mg po tid x 3 days 12/3/04 - 12.6.04	6A 11A 6P																													
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12/30/04 Motrin 600mg po tid x 14 days	6A 11A 6P																													
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MEDICATIONS

CHARTING FOR 12/3/04 NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE THROUGH 12/31/04

Physician Telephone No. Medical Record No.
Alt. Physician Alt. Telephone

Allergies NKA Rehabilitative Potential

Diagnosis

Medicaid Number Medicare Number Complete Entries Checked

PATIENT By: [Signature] Title Date 12/3

Wright Inman, John PATIENT CODE 234821 ROOM NO. BED FACILITY 914

MEDICATIONS

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

THROUGH 12/31

Telephone No.

Medical Record No

Alt. Telephone

Rehabilitative Potential

Medicaid Number

Medicare Number

Complete Entries Checked

PATENT

Type

Date: 12/3

PATIENT CODE

ROOM NO.

DATE	2/3
BED	FACILITY

234 P. 21

211

MEDICATIONS

[illegible]

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																														
CHARTING FOR 1/13/05																														
Physician Dr. Williams																														
Alt. Physician																														
Telephone No.																														
Alt. Telephone																														
Medical Record No.																														
Ierges NKDA																														
Rehabilitative Potential																														
Diagnosis																														
Medicaid Number																														
Medicare Number																														
Complete Entries Checked																														
By: B. Bucklyn																														
Title																														
Date: 1/13/05																														
PATIENT																														
Luman, John																														
PATIENT CODE																														
ROOM NO.																														
BED / FACILITY																														
E11																														

MEDICATION ADMINISTRATION RECORD

09/01/2004

STD01

(DRA-433) DRAPER CORRECTIONAL FAC

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 09/01/2004

THROUGH

09/30/2004

Physician	BANERJEE, M. D. (M.B.), SREELEKHA
-----------	-----------------------------------

Telephone No. _____

Medical Record No.

Alt. Physician

Alt. Telephone

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Engines Checked

PATIENT

INFORMATION

Titles

PATIENT CODE

ROOM NO.	
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Date _____

BED	FACILITY
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234821

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MEDICATION ADMINISTRATION RECORD

STD701

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Doxepin (Sinequan - Doan) 150mg cap Take + cap po qhs Rx# 5696596 5-29-04 → 8-26-04	6p	Revised 8/17/04																												
Lithium Carbonate 300mg cap Take + cap po BID Rx# 5696605 Start 5/29/04 → 8/26/04	6a 6p	Revised 8/17/04																												
Thiudazine (Mellari) 50mg tab Take + po BID +mt +hs Rx# 5696611 5-29-04 → 8-26-04	6a 6p	Revised 8/17/04																												
Disalced 750mg tab + po BID prn Rx# 5727873 6-5-04 → 8-3-04	6a 6p PRN	Rx																												
Naproxen 500mg po BID x 10 days 7-28-04 → 8-7-04	6a 6p	Rx																												
Lithium 300mg po qAM 8/17/04 - 11/17/04	6p	→																												
Mellari 50mg po qhs 8/17/04 - 11/17/04	6p	→																												
Coagentin 2mg po qhs 8/17/04 - 11/17/04	6p	→																												
Doxepin 100mg po qhs 8/17/04 - 11/17/04	6p	→																												

MEDICATIONS

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 8-1-04 THROUGH 8-31-04

Physician
Alt. Physician McArthur
Telephone No.
Alt. Telephone

Medical Record No.
Rehabilitative Potential

Diagnosis

Medical Number
Medicare Number
Complete Entries Checked

PATIENT
By: [Signature]
Title: 8/17/04
Date: 8/17/04

PATIENT CODE
ROOM NO.
BED
FACILITY

STD01

(DRA-453) DRAPER CORRECTIONAL FAC

[illegible]

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30																												
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																																											
CHARTING FOR		08/01/2004										THROUGH																		08/31/2004																													
Physician															RIGHTMYER, N.P., JOE															Telephone No.										Medical Record No.																			
Alt. Physician																														Alt. Telephone																													
Allergies															NO KNOWN DRUG ALLERGY															Rehabilitative Potential																													
Diagnosis																																																											
Medicaid Number										Medicare Number										Complete Entries Checked																																							
PATIENT										By: C. Heel, LPN										Title:										Date: 8/27																													
INITIAL: JOHN																				PATIENT CODE										ROOM NO										BED										FACILITY									
																				234821										1																													

MEDICATION ADMINISTRATION RECORD

07/01/2004

(DRA-453) DRAPER CORRECTIONAL FAC

STD701

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 07/01/2004

THROUGH

07/31/2004

Physician **ARTHUR, F. A., DONALD**

Telephone No. _____

Medical Record No.

Alt. Physician

Alt Telephone

NO KNOWN DRUG ALLERGY

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By C. Newell /WDD

Title:

Date: 6/25/18

PATIENT

PATIENT CODE

ROOM NO.

RED FACILITY

234821

18

#22, 2)

CHARTING FOR 06/01/84						NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE					
Physician DR. SONNEN						THROUGH 06/30/84					
Alt. Physician D. McArthur PA / R. Kuntz MD						Telephone No.					
						Medical Record No. 234821					
Diagnosis						Rehabilitative Potential					
Medicaid Number						Medicare Number					
PATIENT INMAN, John						By: M. Law Title: RN Date: 06/15/84					
PATIENT CODE						ROOM NO.					
BED FACILITY											

MEDICATION ADMINISTRATION RECORD

STDT01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Librium 25mg P.O. B.I.D. X 3ds Then 5/27/04 to 6/04/04	0800	B	B	B																											
Librium - 10mg P.O. B.I.D. X 3ds Then 5/27/04 to 6/04/04	0800	X	B	B	B																										
Then D.C. Librium																															
5/27/04 Doxepin - 150mg P.O. qhs X 90 ds 5/27/04 to 8/27/04	2000																														
Lithium - 300mg P.O. B.I.D. X 90ds 5/27/04 to 8/27/04	0800	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	
Mellaril - 50mg P.O. q AM & 50mg q hs 5/27/04 to 8/27/04	0800	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	
Motrin 600mg BID X 30D PRN 5/25 - 6/25/04	0800	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	
Salsalate 750mg + PO BID PRN X 60D 6-4-04 8-4-04	0800	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	
06/15/04 ENLIPSE EIPD BID X 50 06/20/04 D. McArthur PA	0800	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	

CHARTING FOR		NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE	
Physician	THROUGH	Telephone No.	Medical Record No.
June 01/04	June 30/04		23482
Alt. Physician		Alt. Telephone	
McGinnis		Rehabilitative Potential	
Diagnosis			
Medicaid Number	Medicare Number	Complete Entries Checked	
		By: E. Walters	
PATIENT	INMAN - John	Date	5/27/04
		PATIENT CODE	ROOM NO.
			BED FACILITY
			KE